Approved for use through 7/31/2006; CMB 055/0031
Under the Paperwork Reduction Act of 1895, no parsons siz required to respond to a potention of information unless it displays a year CMB pontrol number.

Substitute for Form PTO-876 Effective December 8, 2004 APPLICATION AS FILED - PART I										10/529 399					
		APPLICATION II	nada,	8MALL ENTITY			R.	OTHER THAN							
 10 (10)	FOR	· HU	HUMBER FILED		NUMBER EXTRA			RATE O					CC 6141	113	
197 Q	K FEE FR 1.18(1), (6),	or [6]]	NA		'N/A'		~	. NA	FEET		-	RATE (1)		FEE (1	
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EXAMINATION FEE (31 CFR. 1.1419, (p), or (q))		E (4))	NA		· KK.		٠	N/A	-			N/A	\$500		
31 C	al Claims FR 1.16(1)		UNDA 50 =			· · · · · · · · · · · · · · · · · · ·	1	X\$ 25	\$100		-	NIA		\$200	
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Kithe difference in column the less than zero, enter "O" in column 2.							TOTAL			ļ	rotal	-	·		
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLUM (3) CFR 1.160)							+180=		•		30		L	
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	Application Size Fee (37 CFF				_	B		X100 "		OR I		X200 _			
	HRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (D7 CFR 1.100)						-								
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111	he entry in col	umm 1 ls less than Vaudverfroomu	the entry	in column 2.	. write *	O" la columa 4	A	OD'L FEE		OR .	TOTAL ADD'L	FEE			
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This obsection of Information is required by 87 CFR 1.16. The information is required to obtain by retain, a benefit by the pulped which is to life (and by the USPTO to process) an application. Confidentiatily is governed by 35 U.S.C. 122 and 31 CFR 1.14. This benefit by the pulped which is to life (and by the including pathentry, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the Individual case. Any comments on this encount of this you require to complete this form and/or suppositions to reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Thedemark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT BEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1460.